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Beverly Eaves Perdue, Governor
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Steven Jordan, Director

October 19, 2010

MEMORANDUM

TO: All Interested Parties

FROM: Steven Jordan SJ

SUBJECT: Summary Version of Implementation Update #80

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at **http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm; refer to the detailed version as the authority to avoid confusion.**

Update on Unmanaged Visits for Children: Outpatient Behavioral Health Therapy Providers

- As a result of action by the General Assembly, the 26 unmanaged outpatient behavioral health therapy visits limit for children will decrease to 16 unmanaged visits.
- Prior authorization will be required for all outpatient services **for children** after the 16th visit.
- **As a reminder, prior authorization will continue to be required for adults after the 8th visit.**
- To ease the transition for providers and recipients, this change will now be effective January 1, 2011, to correspond with the new benefit year.

Service Orders for Mental Health/Substance Abuse Targeted Case Management

- As detailed in Implementation Update #77, there are currently two ways to request prior authorization for mental health/substance abuse Targeted Case Management services depending on the status of the authorization.
- Existing authorizations for Mental Health/Substance Abuse Targeted Case Management recipients currently receiving the case management component of Community Support services may be transferred from a Community Support authorization to a Mental Health/Substance Abuse Targeted Case Management authorization when a valid Critical Access Behavioral Health Agency submits a Letter of Attestation to ValueOptions stating that Targeted Case Management is clinically appropriate and that the person meets eligibility for the service.
- Critical Access Behavioral Health Agency providers do not need to submit a person centered plan or inpatient treatment report when submitting a Letter of Attestation for the transfer of an existing authorization.
- In these instances, the current service order for the case management component of Community Support will be honored as the service order for Mental Health/Substance Abuse Targeted Case Management. This service order will remain valid until the next concurrent request for Mental Health/Substance Abuse Targeted Case Management.

ValueOptions ProviderConnect Reminders

- As a reminder, providers must register their Medicaid Provider Number on ProviderConnect in order to submit authorization requests electronically, view authorizations, and retrieve authorization letters online.
- Refer to the full version of Implementation Update #80 for additional instrucitons on Community Support Team, Intelectual /Developmental Disability Targeted Case Management, and Mental Health/ Substance Abuse Targeted Case Management and Outpatient Authorizations

Contact the EDI/ProviderConnect Help Desk M-F 8am-6pm at 888-247-9311 for questions about creating or modifying an existing ProviderConnect account.

Independent Psychiatric Evaluation for Children Currently in Level III and Level IV

- For children admitted to Residential Level III and IV services, length of stay is limited to no more than 120 days. If providers are submitting concurrent (reauthorization) requests for additional treatment after these 120 days, the provider must follow the authorization requirements for concurrent (reauthorization) requests as outlined in Implementation Update #60 which includes an independent psychiatric evaluation, updated Child and Family Team meeting, and updated Discharge/Transition Plan signed and dated by the System of Care coordinator.
- Please see full requirements in Implementation Update #60.
- This is a reminder that children currently in Level III and Level IV residential treatment must have an independent (meaning independent of the residential provider and its provider organization) psychiatric evaluation as one of the requirements for concurrent (reauthorization) requests.
- The psychiatric evaluation must be performed by a psychiatrist, psychiatric physician's assistant who is working under a psychiatrist's protocol or an Advanced Practice Nurse Practitioner only.
- The psychiatric evaluation shall determine the clinical needs of the child and make recommendations for the appropriate level of treatment such as residential, Psychiatric Residential Treatment Facilities, or other level of care.
- In some instances, providers are requesting additional concurrent authorizations (beyond the first concurrent request). In these instances, an updated psychiatric evaluation is required.
- For these additional concurrent requests, if the same psychiatrist, Physician's Assistant, or Advanced Practice Nurse Practitioner that completed the original psychiatric evaluation does the psychiatric evaluation and it is an actual update to a previous complete evaluation and report, then a shorter updated evaluation and report may be provided with the concurrent authorization request.

The minimum elements required for the evaluation and report can be found in the full Implementation Update #80.

- All requests that are not accompanied by the psychiatric assessment will be returned as, "Unable to Process."
- Level III and Level IV providers should be collaborating with the Local Management Entity and System Of Care coordinator throughout this process.

Discharge/Transition Plans for Level III and Level IV Residential Services

- Discharge/Transition Plans for children in Level III and Level IV Residential services must accompany all requests for authorization for these services submitted to ValueOptions, Durham, or Eastpointe, depending on the catchment area of the recipient.

Accreditation of the Targeted Case Management Service

- Targeted Case Management for individuals with mental health and substance use disorders, as well as Targeted Case Management for persons with intellectual/developmental disabilities, is a new standalone service with the requirement for the agency providing the service to acquire national accreditation.

- For those Critical Access Behavioral Health Agencies which choose to provide Targeted Case Management for Mental Health/Substance Abuse consumers, and those agencies which choose to provide Targeted Case Management for persons with Intellectual/Developmental Disabilities, the same requirements which are in place for other services apply to these services.
- That means that if the agency has already achieved national accreditation, then, per Implementation Update #53 (February 3, 2009), that agency is not required to have the Targeted Case Management service accredited until the accrediting agency for the provider schedules and performs the next regular review of the agency.
- However, if the agency has not been previously accredited, the agency is then subject to the guidance in GS.122C-81, "National Accreditation Benchmarks."
- For the purpose of identification of the specific timelines for each agency, the required year begins with the enrollment by the Division of Medical Assistance of the provider for the provision of the service.

Mental Health/Substance Abuse Targeted Case Management Providers to Participate in North Carolina - Treatment Outcomes and Program Performance System

- Effective immediately, all providers of Mental Health/Substance Abuse Targeted Case Management are required to participate in the North Carolina-Treatment Outcomes and Program Performance System, as Mental Health/Substance Abuse Targeted Case Management is an outcome-focused service.
- The revised North Carolina-Treatment Outcomes and Program Performance System Service Codes Criteria can be found in Appendix A of the *State Fiscal Year 2010-11 North Carolina-Treatment Outcomes and Program Performance System Implementation Guidelines* and is published on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services web page: http://www.ncdhhs.gov/mhddsas/nc-topps/interviewforms/nc-toppsguidelinesoctober10.pdf

NC-Incident Response Improvement System Update

- Changes to the Incident Response Improvement System were implemented on September 23, 2010 to address reporting issues identified by providers. Details of these changes can be found in an updated version of "Incident Response Improvement System Frequently Asked Questions" at http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/iris-faq-condensed.pdf,

Update on Self-Direction for Community Alternatives Program-Mental Retardation/Developmental Disabilities Supports Waiver Participants

- Division of Mental Health Developmental Disabilities and Substance Abuse Services in partnership with Division of Medical Assistance has been working on finalizing the required operational details to implement Self-Direction in the Community Alternatives Program –Mental Retardation/Developmental Disabilities Supports Waiver.
- With this model of Self-Direction there are two required functions, the Financial Management Services Agency and the Support Broker.
- The Support Broker function is called the Community Resource Consultant.
- The Division of Mental Health , Developmental Disabilities and Substance Abuse Services has selected, through a Request For Applications process, two vendors to provide the services of Community Resource Consultant.

  1) The Arc of North Carolina
  2) Central State of the Carolinas.

- The role of the Community Resource Consultant is to assist the participant in self-directing their services and supports.
- The Community Resource Consultant trains, advises, and assists the participant in hiring, training, scheduling, and managing their staff.
- Some of the responsibilities of the Community Resource Consultant are to assist the participant in identifying natural and community supports, and to guide the participant regarding their budgetary responsibilities.

- The vendor selected as the Financial Management Services is G.T. Financial Services.
- G.T. Financial Services is owned and operated by individuals who have years of experience as financial administrators and have been operating as a family business providing fiscal *INTERMEDIARY* services for individuals participating in self-direction in Wisconsin and Michigan.
- In Self-Direction, the Financial Management Services agency serves as the employer of record for the individual staff selected by the participant; administers payroll, taxes, and insurance for staff selected by the participant; and exercises budget authority for the participant.
- More information about the implementation of Self-Direction will be provided in future Implementation Updates.

Information about Self-Direction in the Community Alternatives Program-Mental Retardation/Developmental Disabilities Supports Waiver can be found on the Division of Mental Health Developmental Disabilities and Substance Abuse Services website **at: http://www.ncdhhs.gov/mhddsas/selfdirect/index.htm.**

As indicated in Implementation Update # 76 (July 7, 2010) ***Implementation Plan for the Community Alternatives Program Mental Retardation/Developmental Disabilities Clinical Policy, Community Alternatives Program Mental Retardation/Developmental Disabilities Comprehensive Waiver and Supports Waiver Manuals and Technical Amendment Number One,*** **the following describes the process regarding exception and/or extension requests related to the implementation of the required policy changes. The *Community Alternatives Program Mental Retardation/Developmental Disabilities Policy Requirement Extension/Exception Request Form* is the required form for making an exception/extension request.**

The form can be found at: http://www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm

- The new policies contained in Implementation Update #76 (inclusive of the Clinical Policy) will be effective February 1, 2011 unless otherwise noted.
- Participants, guardians and legally responsible persons will have this time to determine alternate support options to ensure the health and safety needs are adequately addressed.
- In the event a participant can not make the transition to the policy changes **by the February 1, 2011 effective date**, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services will review the participant's Person Centered Plan and determine if further time is needed or if other actions are necessary for the participant to safely make the transition

The process to request an exception and/or extension and important information about the individuals due process rights for individuals who are unable to make the needed changes as required by February 1, 2011 **can be found in the full Implementation Update #80.**

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.